

Case Number:	CM14-0132015		
Date Assigned:	08/22/2014	Date of Injury:	05/08/2011
Decision Date:	09/18/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44-year-old female police officer sustained an industrial injury on 5/8/11 while apprehending a suspect who was resisting. The patient was status post right hip arthroscopy with labral debridement and bony decompression on 8/29/13 with significant residuals. The patient fell on crutches the day after surgery with onset of right ankle pain. The 5/8/14 right ankle MRI showed calcaneonavicular (CN) non-osseous coalition. There was mild scarring of the anterior talofibular ligament from a remote sprain injury. The 6/3/14 podiatry chart note documented the patient sustained a twisting injury to the right ankle following hip surgery. Pain was reported everyday with weakness and gait alteration favoring the right side. There was good right foot range of motion, slightly less full than left. There was no swelling or atrophy. There was normal sensation. The patient was unable to perform a heel raise on the right. Right foot x-rays showed CN synchondrosis, calcaneal beaking, no sunburst sign, and no significant rear foot degenerative joint disease. The 6/5/14 chart note documented that x-rays on the contralateral side showed evidence of bilateral CN synchondrosis. The treatment plan recommended injection of the sinus tarsi and de-weighting the foot in a below knee walking cast boot. The patient underwent right sinus tarsi injection on 6/26/14. The treatment plan recommended an orthosis to restrict motion of the right subtalar joint. The 7/10/14 chart notes indicated the patient had no benefit from the injection and had very little relief even within the time period the block should have been working. There was pain at the sinus tarsi to pressure and mild pain with right subtalar joint motion. The treatment plan recommended excision of the CN bar and a conservative trial of custom orthotics. The 7/31/14 progress report indicated that orthotics was dispensed. Surgery was again requested. The 8/15/14 utilization review denied the

request for right foot surgery as there was no evidence of positive exam or imaging findings that warranted surgical intervention or that a course of conservative treatment had been attempted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Excision Calcaneous - Navicular coalition to the right foot.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Surgery for Ankle Sprains.

Decision rationale: The ACOEM guidelines recommend surgical consideration when there is activity limitation for more than one month without signs of functional improvement, and exercise programs had failed to increase range of motion and strength. Guidelines require clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The Official Disability Guidelines recommend surgery for ankle sprains for inversion injury when surgical indications are met. Criteria include physical therapy (immobilization with support cast or ankle brace and rehab program), ankle instability and swelling, positive anterior drawer sign, and positive stress x-rays. Guideline criteria have not been met. There is no detailed documentation that guideline-recommended conservative treatment, including immobilization, had been tried and failed. There is no current documentation of ankle instability, swelling, or positive anterior drawer sign. Therefore, this request is not medically necessary.